

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 03/31/2004

Leydig Voit & Mayer Ltd
Two Prudential Plaza Suite 4900
180 North Stetson Street
Chicago, IL 60601-6780



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**PLEASE SEE ATTACHED CERTIFICATE
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/514,711	02/28/2000	Paul B. Specht	203947	8954

TITLE OF INVENTION: MOPS AND MOP COMPONENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHIN, RANDALL E	1744	015-119200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Leydig, Voit & Mayer, Ltd.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Freudenberg Household Products LP

River Grove, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies one

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1216 (enclose an extra copy of this form).

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(Authorized Signature) [Signature] REG. NO. 33,589 (Date) May 27, 2004

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06/01/2004 WABRHAM2 00000059 121216 09514711

01 FC:1501 1330.00 DA
02 FC:8001 3.00 DA

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I hereby certify that this Part B Fee(s) Transmittal and all accompanying documents are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service No. EV 335720006 US on the date indicated below and is addressed to: Mail Stop: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<i>Justin M. Borer</i>	<i>Justin M. Borer</i>	May 27, 2004
Name of Person Signing	Signature	Date